

Company Safeguarding Policy

Authored December 2020 – Bob James

To be reviewed December 2021

CHILD & ADULT AT RISK PROTECTION POLICY AND PROCEDURE

Child & Adult at Risk Protection Policy

1. INTRODUCTION

Safeguarding is at the heart of all our work with children, young people and adults at risk. Maxcebo Wellbeing Academy Ltd has a duty to ensure that it makes arrangements to safeguard and promote the welfare of children and young people, and to protect adults at risk from abuse or the risk of abuse.

The legislation and guidance relevant to safeguarding and promoting the welfare of children and adults at risk includes the following: The Children and Social Work Act (2017), The Children Act 1989 and 2004, Working together to safeguard children (2015), No Secrets (2000), The Crime and Disorder Act (1998), The Health and Social Care Act (2008) and the Care Act (2014).

2. SCOPE OF THE POLICY

The policy is to be used by any member of staff or volunteer working directly with children and young people, and Adults at Risk, and to any other support staff or Director of the organisation who become involved in a child protection concern in the course of their work for Maxcebo Wellbeing Academy Ltd. Children, young people, Adults at Risk and parents/carers are informed of the policy as appropriate.

The policy applies to anyone with whom we are in contact in the course of our work, who is a child, a young person, or Adult at Risk. Where the policy or procedure refers to a 'child' or 'young person' we mean anyone who has not yet reached the age of 18 years. An adult at risk is someone aged 18 years or over 'who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation' (Department of Health, No Secrets, 2000).

This policy is reviewed, endorsed and approved by the board of directors annually, or when legislation changes.

3. PURPOSE OF THIS POLICY AND PROCEDURE

This policy and procedure set out how Maxcebo Wellbeing Academy Ltd implements safeguarding for children, young people, and Adults at Risk with whom they come into contact in the course of their work.

Maxcebo Wellbeing Academy Ltd is committed to devising and implementing policies so that everyone within the organisation accepts their responsibilities for safeguarding children, young people and Adults at Risk from abuse and neglect. This means following procedures to protect them and reporting any concerns about their welfare to the appropriate authorities.

This policy and procedure helps us to achieve this by:

Supporting us to safeguard children, young people and Adults at Risk in practice, by defining abuse and informing us what to do

Ensuring we all work to the same policy and procedure

Making sure we are accountable for what we do

Being clear what roles and responsibilities, we all have in safeguarding

Saying what staff can expect from the organisation to help them work effectively

This policy is informed by and supports our organisational purpose and is how we comply with local Safeguarding Children and Adults at Risk policies and procedures in the areas where we operate.

4. Who is a Child, Young Person, Adult at Risk?

Child/Young Person

A child or young person means someone who is under 18 years of age, that is, has not reached their 18th birthday.

For Maxcebo Wellbeing Academy Ltd, this could refer to the child/young person we are working with directly, or the child of one of these young persons, or of another person, with whom we are in contact in the course of our work.

When concerns are raised about the child of a service user (child or vulnerable adult), the needs of the youngest takes precedence.

Adult at Risk

This policy applies to any 'Adult at Risk', defined by the following:

Any person aged eighteen or over who –

- Is or may be in need of community care services by reason of mental or other disability, age or illness; and

· Is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation.

Maxcebo Wellbeing Academy Ltd will sometimes be working with an Adult at Risk where a child/young person has reached 18 years and support is continuing, usually short term, or where a former service user has joined our youth participation project. Also, Maxcebo Wellbeing Academy Ltd will come across adults at risk in the course of their work with families. There may be occasions when we come across adults at risk within the household of or associating with a child/young person or parent we are working with and we will adopt the Think Family approach, working with adult agencies to meet their needs.

In all instances, our approach to safeguarding Adults at Risk we are in contact with follows the same principles, and safeguarding processes as we do for safeguarding children.

5. OBJECTIVES OF POLICY

We will achieve the outcome by having these things in place:

Safe organisational ethos

Safe environment

Safe processes for working with service users

Safe collection and use of information, and ways of communicating

Safe staff

PRINCIPLES

In support of these objectives, we are committed to the following principle:

TO ACHIEVE A SAFE ETHOS, WE WILL

Work to support the organisational purpose which is to reach out to, and seek to protect, children and young people who are at risk

Promote the safety of children, young people and adults at risk in all our work, both directly and indirectly through our partnership and campaigning work

Support the spirit and practice of Maxcebo Wellbeing Academy Ltd's safeguarding ethos in all that we personally do

Have in place quality assurance processes that help us to ensure we are all safeguarding in practice

Treat all children, young people and adults fairly in being able to access services which meet their needs, regardless of gender, ethnicity, disability, sexual orientation or beliefs

TO ACHIEVE A SAFE ENVIRONMENT, WE WILL

Ensure the welfare and safety of children, young people and Adults at Risk is paramount in all our activities

Listen to service users and take account of what they tell us in making decisions about them

Take all reasonable steps to protect service users from harm, discrimination, and degrading treatment

Practice with respect for children's rights, wishes and feelings

Regularly assess and review safety risks which arise from premises, activities, equipment and travel arrangements, as outlined in the organisation's Health and Safety Policy

TO ACHIEVE SAFE PROCESSES, WE WILL

Take all suspicions and allegations of abuse, from inside or outside the organisation, seriously, and respond to them promptly and appropriately

Be clear about everyone's roles and responsibilities

Implement safeguarding procedures that are compliant with the expectations of the safeguarding arrangements in the areas where we operate

Have in place clear arrangements for how we would respond to concerns about how we implement safeguarding in practice within the organisation

TO ACHIEVE SAFE INFORMATION, WE WILL

Be clear with service users how the things they tell us will be used

Publish our Safeguarding policy on our website

Communicate promptly and clearly within Maxcebo Wellbeing Academy Ltd and with external agencies, and follow the requirements of information sharing protocols in the localities in which we operate

Keep good records of our work with service users and also of our management of staff's work

Hold service users' information with care, and use it for agreed purposes only

TO ACHIEVE SAFE STAFF, WE WILL

Recruit trustees, staff and volunteers with regard to their suitability for work with children, including use of enhanced Disclosure and Barring Service checks

Provide trustees, staff and volunteers with guidance and training in their safeguarding role, and ensure they have access to our policies and procedures

Make sure everyone has access to advice on safeguarding at all times in the course of their work

Be clear with everyone what their individual role and responsibility is in safeguarding

Support staff and volunteers to carry out their job with appropriate supervision

6. What is Child Abuse or Neglect?

Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Abuse means a child's rights and needs are not being met as defined in The Children's Act 2004 and the United Nations Convention on the Rights of the Child (1989). Children may be abused in a family or in an institutional or community setting; by those known to them or, more rarely, by a stranger. Abuse may occur through the actions of an adult or adults, or another child or children.

Where a child is disabled, injuries or behavioural symptoms may mistakenly be attributed to his/her disability rather than the abuse. Similarly, where a child is black or from a minority ethnic group, aggressive behaviour, emotional and behavioural problems and educational difficulties may be wrongly attributed to racial stereotypes, rather than abuse. Cultural and religious beliefs should not be used to justify hurting a child. Safeguards for all children and young people are the same regardless of disability or ethnicity.

Physical Abuse

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces or causes ill health to a child whom they are looking after. This situation is called Induced Fabrication Illness by a Carer (formerly known as Munchausen's by proxy).

Emotional Abuse

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may feature age or developmentally inappropriate expectations being imposed on children. It may involve causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Witnessing the harm of another person, such as in the case of domestic violence, is a form of emotional abuse. Some level of emotional abuse is involved in all types of ill treatment of a child, though it may occur alone.

Sexual Abuse & Sexual Exploitation

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, including sexual exploitation, whether or not the child is aware of what is happening, and whether it is for money or reward or not. The activities may involve physical contact, including penetrative contact (e.g. rape and buggery) or non-penetrative acts. They may include non-contact activities, such as involving children in seeing or receiving or sending sexually suggestive emails or text-messages, or inappropriate behaviour in Internet chat rooms, involving children looking at, or in the production of, pornographic material or watching sexual activities, or encouraging children to behave in sexually inappropriate ways.

Neglect

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur as a result of maternal substance abuse during pregnancy. Once a child is born, neglect may involve a parent or carer failing to provide adequate food, shelter and clothing, failing to protect a child from physical harm or danger, failure to ensure adequate supervision including the use of inadequate care-givers, or the failure to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Abuse of Disabled Children

Disabled children are at increased risk of abuse and those with multiple disabilities are at even more significant risk both of abuse and neglect. Parents of disabled children may experience multiple stresses. This group of children may be particularly vulnerable to abuse for a number of reasons including:

- Having fewer social contacts than other children

- Receiving intimate personal care from a larger number of carers
- Having an impaired capacity to understand what they are experiencing is abuse or to challenge the abuser
- Having communication difficulties resulting in difficulties in telling people what is happening
- Being reluctant to complain for fear of losing services
- Being particularly vulnerable to bullying or intimidation
- Being more vulnerable to abuse by peers than other children

Disability is defined as:

- A major physical impairment, severe illness and/or a moderate to severe learning difficulty
- An ongoing high level of dependency on others for personal care and the meeting of other basic needs

Bullying

Bullying may be defined as deliberately hurtful behaviour, usually repeated over a period of time, where it is difficult for those bullied to defend themselves. It can take many forms, but the three main types are physical (e.g. hitting, kicking, theft), verbal (e.g. racist or homophobic remarks, threats, name calling) and emotional (e.g. isolating an individual from the activities and social acceptance of their peer group). There is increasing use of new technologies as a tool for bullying and such incidents should be taken seriously.

Self-Harming Behaviour

Children and young people who harm or attempt to harm themselves should be taken seriously. The self-harming behaviour in itself may cause impairment of the child's health or development and in some circumstances present significant harm or the risk of significant harm.

Self-harming behaviour may also arise alongside eating disorders and/or drug misuse.

Female Genital Mutilation (FGM)

Female genital mutilation is a collective term for procedures that include the removal of part or all of the external female genitalia for cultural or other non-therapeutic reasons. The practice is medically unnecessary, extremely painful and has serious physical and mental health consequences both at the time and in later life. The procedure is typically performed on girls of 4 – 13 years but may be performed on new born babies or on young women. FGM can result in death.

FGM is a criminal offence (Prohibition of Female Circumcision Act 2003). Under the act it is an offence to arrange, procure, aid or abet female genital mutilation. Parents/carers may be liable under this act. It is also an offence to allow the procedure to be undertaken in another country. Where agencies become aware that a girl is at risk of FGM a referral should be made to Children's Social Care

Domestic Violence as Abuse

Domestic Violence is defined by the Home Office as: 'Any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been intimate partners or family members, regardless of gender or sexuality. This includes issues of concern to black and minority ethnic (BME) communities such as so called 'honour killings'.'

The term domestic violence is used to include any form of physical, sexual or emotional abuse between people in a close relationship. It can take a number of forms such as physical assault, sexual abuse, rape, threats and intimidation. It may be accompanied by other kinds of intimidation such as degradation, mental and verbal abuse, humiliation, deprivation, systematic criticism and belittling. The term domestic violence includes the term domestic abuse.

Forced Marriage

A forced marriage is one that is conducted without the full consent of both parties and where duress is a factor. Forced marriage can amount to sexual and emotional abuse and put children or adults at risk of physical abuse. In circumstances where there are concerns that someone is at imminent risk of a forced marriage urgent referrals should be made to Children's Adults' Social Care. In the case of a young person at risk of forced marriage it is likely that an initial discussion with the parent, carer or other community member may significantly increase the level of risk to the young person.

Internet Harm

Sexual exploitation (see above) also includes non-contact activities, such as involving children in seeing or receiving or sending sexually suggestive emails or text-messages, or inappropriate behaviour in Internet chat rooms, involving children looking at, or in the production of, pornographic material or watching sexual activities, or encouraging children to behave in sexually inappropriate ways.

Trafficking

Children can be trafficked into, within and out of UK for many reasons and all different types of exploitation. Trafficking is a form of child abuse and needs an appropriate safeguarding response. Any child who is recruited, transported, transferred, harboured or received for exploitative reasons is considered to be a victim of trafficking, whether or not they have been forced or deceived. This is because it is not considered possible for children in this situation to give informed consent.

Even when a child understands what has happened, they may still appear to submit willingly to what they believe to be the will of their parents or accompanying adult. It is important these children are protected too.

Children are trafficked for many reasons, including sexual exploitation, domestic servitude, labour, benefit fraud, forced marriage, begging and involvement in

criminal activity such as pick pocketing, theft and working on cannabis farms. They are likely to be subjected to other forms of abuse, as a means of coercing and controlling them.

Trafficking is carried out by individual adults and organised crime groups.

Sexual activity with child/young person under the age of 18 or living away from home
Consensual sexual activity involving a young person under 18 years is not always abusive, but it may be. A child's or young person's ability to consent can be impaired due to lack of freedom, capacity or choice; for example, because of an age/power imbalance; because it is leading into sexual exploitation; because one person is in a position of trust with the other (e.g. a teacher); where one person is vulnerable because of disability or capacity; where the child/young person is in the care of another away from home. No child under the age of 13 or under is able to consent to any sexual activity according to the Sexual Offences Act (2003).

Child Criminal Exploitation

Child Criminal Exploitation is common in 'county lines' and occurs where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child or young person under the age of 18. The victim may have been criminally exploited even if the activity appears consensual. Child Criminal Exploitation does not always involve physical contact; it can also occur through the use of technology. Criminal exploitation of children is broader than just county lines and includes for instance children forced to work on cannabis farms or to commit theft.

7. WHAT IS ABUSE OF AN ADULT AT RISK?

Abuse is a violation of a person's rights or dignity by someone else. It can be done by anyone including relatives and family members, professional staff, paid care workers, volunteers, other users of services, neighbours, friends and associates or strangers. There are many kinds of abuse including:

PHYSICAL

This could be hitting, slapping, pushing and kicking.

SEXUAL

This includes rape and sexual assault or sexual acts to which the adult at risk:
has not consented
could not consent
was pressured into consenting

EMOTIONAL/PSYCHOLOGICAL

This could be:
emotional abuse
threats of harm or abandonment
depriving the person of contact

humiliating
blaming
controlling
intimidating
coercing
harassing
verbally abusing
isolating
withdrawing a person from services or support networks

FINANCIAL OR MATERIAL

This includes:

theft
fraud
exploitation
pressure in connection with wills, property, inheritance or financial transactions
misusing or misappropriating property, possessions or benefits

NEGLECT OR ACTS OF OMISSION

This includes:

ignoring medical or physical care needs
failing to provide access to appropriate health care, social care or education services
misusing medication
inadequate nutrition or heating

DISCRIMINATORY

This includes:

racist behaviour
sexist behaviour
harassment based on a person's ethnicity, race, culture, sexual orientation, age or disability
other forms of harassment, slurs or similar treatment

Procedure for Making a Child Protection Referral

Step One

A child/young person makes an allegation or raises concerns about abuse, or your assessment of the level of risk to a child changes

Or

An allegation or concern is raised by someone about a child/young person

Listen to the concern – do not ask detailed questions at this stage

Believe the child/young person

Reassure them they have done the right thing by telling

Explain what you will need to do with the information, who you will tell, who you won't tell, when you will tell, what might happen

Is the child/young person under 18 years of age?	
Yes	No
Follow this safeguarding procedure for a child/young person under 18 years	Refer to the separate safeguarding procedure for an Adult at Risk
<p>Step Two Make an immediate record of the concern or allegation, include details of the referrer, any alleged victim, any alleged perpetrator/s, date and time, how received ('phone, text, email, letter, in person)</p>	
<p>Step Three Discuss what immediate action to take with the Designated Safeguarding Lead, or a colleague, if s/he is not immediately available, then proceed to Step Four</p>	
<p>Step Four You, or the Designated Safeguarding Lead, will talk the referral through with: Duty Officer within Children's Social Care or child/young person's own social worker (if a Child in Need or Looked After) Follow up by emailing all details (see form SG1 – Appendix 1 for requirements) to the agreed social care officer recipient within 48 hrs of referral SG1 must state which Maxcebo Academy officer, and which Children's Social Care officer, have agreed the referral</p>	
<p>Step Five Check that all actions have been taken Record and sign all discussions and actions taken on the file, including the SG1 copy</p>	

8. PROCEDURE FOR SUPPORTING A CHILD OR ADULT AT RISK INVESTIGATION OR PLAN

This process applies where Children's Social Care or Adult Social Care is investigating an allegation or concern under safeguarding procedures for a child, young person or adult at risk, and Maxcebo Wellbeing Academy Ltd has been or is involved as a referrer, or the subject of the referral is known to us.

It is not the referral procedure for a safeguarding concern or allegation – see above Steps One through Five

Procedure for Supporting a Safeguarding Investigation, or Plan

Step Seven

You have followed the procedure for making a safeguarding referral Or
 You are working with a child/young person/adult at risk subject to a safeguarding investigation or plan,

Discuss and agree what concerns Safe & Sound has about the child, young person, adult at risk with your line manager

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Step Eight

Respond to requests for reports or information from the relevant authorities Log all requests and responses on the file

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Step Nine

Attend strategy, core group meetings when requested

↓

Step Ten

Are you continuing to work with the child/young person/adult at risk?

Yes

The worker and line manager will agree the work to be carried out and will monitor and review the level of risk the child, young person, adult at risk carries. Any change in risk assessment should lead Maxcebo Wellbeing Academy Ltd to consider if there is a need for a further safeguarding referral

No

Record the outcome of any strategy/core group discussions and decisions about the child/young person/Adult at Risk and pass to the Designated Safeguarding Lead to confirm that there is no further action required by Maxcebo Wellbeing Academy Ltd.

At all times Maxcebo Wellbeing Academy Ltd officers should know whether any children, young people, or adult at risk on their staff or volunteers' caseloads are subject to a safeguarding investigation or plan, and who they are

9. ADULT AT RISK PROTECTION REFERRAL PROCEDURE**Step One**

An Adult at Risk makes an allegation or raises concerns about abuse Or
 An allegation or concern is raised by someone about an Adult at Risk

Listen to the concern – do not ask detailed questions at this stage. Believe the Adult at Risk & reassure them they have done the right thing by telling
 Explain what you will need to do with the information, who you will tell, who you won't tell, when you will tell, what might happen

Is the person over 18 years of age?

Yes

No

Follow this safeguarding procedure for an Adult at Risk over 18 years

Follow the separate Safeguarding Children Policy and Procedure

Step Two

Check the definition of an Adult at Risk and that this procedure applies
 Make an immediate record of the concern or allegation, include details of the referrer, any alleged victim, any alleged perpetrator/s, date and time, how received ('phone, text, email, letter, in person)

Step Three

Discuss what immediate action to take with one of the Maxcebo Wellbeing Academy Ltd Designated Safeguarding Lead. If s/he is not immediately available, then discuss with a colleague if possible

Step Four

You, or the designated manager, will talk the referral through with: Call the Duty Officer within Adults Social Care.
 Follow up by emailing all details (see form SG1 – Appendix 1 for requirements) to the agreed recipient within 48 hours of referral. The form must say which Maxcebo Wellbeing Academy Ltd officer, and which Adult Social Services officer, have agreed the referral

Step Five

Check that all actions have been taken
 Record all discussions and actions taken on the file, including the AP1 Respond to a request to attend a strategy meeting if required

Managing and Resolving Disputes over Agency Responses

If there is disagreement between Maxcebo Wellbeing Academy Ltd and Social Care or another agency as to the appropriateness of a safeguarding referral, always promptly discuss and agree what to do next with the designated manager or in his/her absence with the Maxcebo Wellbeing Academy Ltd Chief Executive. Follow the relevant Local Safeguarding Children Board's guidance for resolving differences in professional opinion and their escalation policy and process. Always keep in mind that the child or young person or Adult at Risk's safety and welfare is paramount. All staff and volunteers should clearly log a disagreement or dispute about how a safeguarding concern should be dealt

with. Where a disputed referral is re-referred, in the belief that this is necessary, the re-referral should always be supported in writing, giving reasons.

11. SUPPORTING PROCEDURES & PROCESSES

The following sections summarise the requirements of supporting policy, practice or procedures; readers should look at the whole policy or procedure for further information.

11.1 RECRUITMENT OF DIRECTORS, EMPLOYEES AND VOLUNTEERS TO WORK WITH YOUNG PEOPLE

This section summarises some aspects of Maxcebo Wellbeing Academy Ltd's Recruitment Procedures. The procedures set out below apply to both paid staff and volunteers, including Directors, and students.

Applicants for both paid and voluntary positions that involve significant access to children and young people or their information will complete an initial application form designed to extract information about their past career, and to disclose any criminal record or other matter that has a bearing on their suitability to work with children. Failure to disclose relevant information will result in disciplinary action and possible dismissal. All Trustees, staff, and volunteers in direct contact with young people, and/or confidential information about them, will be subject to an enhanced DBS check on recruitment.

An enhanced DBS check may be completed by Maxcebo Academy checking/seeing an enhanced check made by the academic body for a student who will be on placement, if carried out as part of their current degree programme.

At least two references will be taken up in relation to Directors, staff and volunteers, including, where possible, at least one concerning previous work with children.

Posts will be subject to satisfactory clearance, and consent will be obtained from applicants to carry out Disclosures through the DBS, or a check through the DBS online portal. Please note, individuals registered on the DBS portal as volunteers, must undergo a new DBS check if they are moving into a paid role. This will help to establish whether applicants have any criminal convictions or other past behaviour that suggests they are unsuitable to work with children. A new DBS will be completed – or online check carried out – every three-years.

Where a prospective employee, volunteer or trustee does have a criminal record that does not prevent them from working with children, young people and/or vulnerable adults or acting in their particular role, their prospective line manager will have a discussion with them, and a risk assessment will be carried out to ascertain their suitability for the position for which they are applying. This assessment must be signed off by the CEO.

We recognise that the absence of any relevant Disclosure does not guarantee that the individual is safe to work with children.

In line with the Data Protection Act 1998, all information received in relation to applicants will be kept secure and treated with strict confidentiality.

The Board of Directors recognises that we could take all reasonable steps to assess the suitability of a potential employee or volunteer to work with children, but that these do not guarantee that an individual is safe to work with children and/or vulnerable adults.

Therefore, the Trustees and senior managers will ensure that appropriate management, supervision, and support systems are in place to reduce any risk to vulnerable people.

After appointment, all staff and volunteers will be inducted and trained in local safeguarding procedures and Maxcebo Wellbeing Academy Ltd policies, and their performance, and their training and development needs will be reviewed regularly by supervising managers.

11.2 INFORMATION SHARING POLICY AND PROCEDURE

This section summarises the relevant requirements of Maxcebo Wellbeing Academy Ltd's Confidentiality and Information Sharing Policy and Procedures.

Consents to sharing information

Maxcebo Wellbeing Academy Ltd service users usually sign their consent for sharing information early in our contact with them. Service users should always know what we need to do with information they give us, and their wishes about how this is disclosed and used should be taken account of wherever possible, as long as this does not jeopardise their safeguarding, or make us avoid our responsibilities, or adversely affect their welfare.

CHILDREN AND YOUNG PEOPLE

When working with children and young people, Maxcebo Wellbeing Academy Ltd will make it clear to children and young people that they cannot offer unconditional confidentiality. Young people have a right to be informed that their consent to share information will be sought in most cases, as well as the kinds of circumstances when their consent may not be sought, or their refusal to give consent may be overridden. In all cases where practitioners feel that they have to break confidentiality with the child/young person, they must inform the child/young person and reassure them that their best interests will be maintained. If a child/young person does not have sufficient capacity or understanding to consent to sharing information, it should be sought from the parents/carers of the child, except if doing so would increase to risk of harm to the child.

PARENTS/CARERS

Information shared with safeguarding agencies on a need to know basis is not always appropriate to share with parents and carers, and care should be taken not to share information with parents and carers that is not consented to by the young person, unless not to do so would be inconsistent with their safeguarding and welfare.

ADULTS AT RISK

Information to be shared should only be that which is relevant to safeguard adults at risk. An adult service user should normally consent to information sharing but this consent may be overridden in certain circumstances, especially when there is a risk of harm, and the adult does not have capacity to understand and consent, or there is crime. Guidance is to be found in the relevant Local Safeguarding Board Adults at Risk procedure.

12. ROLES AND RESPONSIBILITIES

This section describes the general roles and responsibilities held by different positions in the organisation with regard specifically to safeguarding. It does not describe 'what to do' in a particular situation, which will be found in the 'Procedures' section. Nor does it describe all their roles and responsibilities, which are in their job descriptions.

DIRECTORS

Uphold the safeguarding ethos and purpose of the organisation

Have a director with lead responsibility for safeguarding

Agree safeguarding policies and procedures and review these annually

Satisfy themselves that policies and procedures are carried out
Include safeguarding as a standing item at full board meetings
Actively involve the designated manager to set the safeguarding procedure in train when becoming personally aware of a safeguarding issue in the course of their work for Maxcebo Wellbeing Academy Ltd

The director lead for Safeguarding is Rachel Parga.
Contact though email rachel@maxceboacademy.com

CHIEF EXECUTIVE

Acts as the Maxcebo Academy Designated Safeguarding Deputy to the designated safeguarding lead
Ensures this policy and procedure is in place, is communicated to staff and volunteers, reviewed and practiced
Puts in place arrangements to recruit, train and manage staff and volunteers to practice safely
Receives and responds to requests for procedural advice or guidance from staff and volunteers in the absence of the designated manager
Agrees when any formal action is needed to ensure that another agency is carrying out its safeguarding procedure with respect to a child, young person, adult at risk known to Maxcebo Wellbeing Academy Ltd
Acts upon any concern raised about staff practices in relation to safeguarding
Carries out an annual risk assessment and review of the safety of premises, activities, equipment and travel
Appoints a first aider and ensures she/he is trained and up to date

Contact Robert Sims – office@maxceboacademy.com

LEAD WORKER

Act as the Maxcebo Academy Designated Safeguarding Lead for all safeguarding actions and decisions, which come from:
Making referrals
Supporting a safeguarding investigation or plan
Reviewing the assessed level of risk which informs the way staff and volunteers work with children, young people, and adults at risk
Supervise staff and volunteers allocated to them and agree and implement individual training plans
Supervise and review contact work carried out by her/his staff, and agree and review the assessments of level of risk allocated to children, young people and adults at risk; follow procedures if any concern or allegation arises as a result, and support good practice
Report any allegation or concern about the safeguarding practice of any Trustee, staff or volunteer to the Maxcebo Wellbeing Academy Ltd Chief Executive, or in her/his absence, or where she/he is the subject of the concern, to the Chair of Trustees

DSL Contact bob@maxceboacademy.com

STAFF WORKING WITH YOUNG PEOPLE

Act upon concerns and allegations involving service users and safeguarding

Report concerns and allegations according to these procedures to the Maxcebo Wellbeing Academy Ltd Designated Safeguarding Lead and agree what Maxcebo Wellbeing Academy Ltd will do

Act in a timely manner, taking account of the perceived level of risk, when the Designated Safeguarding Lead or their Deputy is not available

Record concerns, analysis of concerns, information, decisions, actions, clearly and promptly and keeps a log on the file of work in progress

Support safeguarding investigations or plans by sharing information appropriately and working to the plan with the child, young person, adult at risk

Report safeguarding concerns to another agency's safeguarding coordinator/s or manager/s, when these arise in the course of participating in events and activities where other agency professionals are the supervising workers (for example activities in settings such as schools, play facilities, youth clubs, residential units,)Ensure a manager is aware of changes that might affect the assessment of the level of risk carried by a child, young person, or adult at risk they are working with, and generally work with the guidance and within the decisions of their line manager.

Report any concerns about safeguarding practice of a colleague or manager or Trustee to the person's line manager in the first instance, or to a Trustee or the Chief

VOLUNTEERS/STUDENTS

Report concerns and allegations to their supervisor and act upon the advice of the designated Safeguarding Lead.

Report concerns and allegations according to these procedures to the Designated Safeguarding Lead and agrees what Maxcebo Wellbeing Academy Ltd will

Act in a timely manner, taking account of the perceived level of risk, when the volunteer's supervisor, or Designated Safeguarding Lead or Deputy is not available.

Record concerns, analysis of concerns, information, decisions, actions, clearly and promptly and keeps a log on the file of work in

Support safeguarding investigations or plans by sharing information appropriately and working to the plan with the child, young person, adult at

Ensure the supervisor responsible for the volunteer's work is aware of changes that might affect the perceived level of risk, and generally work with the guidance and within the decisions of the volunteer supervisor/ line manager.

Report any concerns about safeguarding practice of a colleague or manager or Trustee to the person's line manager in the first

Neglect

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur as a result of maternal substance abuse during pregnancy. Once a child is born, neglect may involve a parent or carer failing to provide adequate food, shelter and clothing, failing to protect a child from physical harm or danger, failure to ensure adequate supervision including the use of inadequate care-givers, or the failure to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Abuse of Disabled Children

Disabled children are at increased risk of abuse and those with multiple disabilities are at even more significant risk both of abuse and neglect. Parents of disabled children may experience multiple stresses. This group of children may be particularly vulnerable to abuse for a number of reasons including:

Having fewer social contacts than other children;

Receiving intimate personal care from a larger number of carers;

Having an impaired capacity to understand what they are experiencing is abuse or to challenge the abuser;

Having communication difficulties resulting in difficulties in telling people what is happening;

Being reluctant to complain for fear of losing services;

Being particularly vulnerable to bullying or intimidation;

Being more vulnerable to abuse by peers than other children.

Disability is defined as:

A major physical impairment, severe illness and/or a moderate to severe learning difficulty;
An ongoing high level of dependency on others for personal care and the meeting of other basic needs.

Bullying

Bullying may be defined as deliberately hurtful behaviour, usually repeated over a period of time, where it is difficult for those bullied to defend themselves. It can take many forms, but the three main types are physical (eg hitting, kicking, theft), verbal (e.g. racist or homophobic remarks, threats, name calling) and emotional (eg isolating an individual from the activities and social acceptance of their peer group). There is increasing use of new technologies as a tool for bullying and such incidents should be taken seriously.

Self-Harming Behaviour

Children and young people who harm or attempt to harm themselves should be taken seriously. The self-harming behaviour in itself may cause impairment of the child's health or development and in some circumstances present significant harm or the risk of significant harm.

Self-harming behaviour may also arise alongside eating disorders and/or drug misuse.

Female Genital Mutilation (FGM)

Female genital mutilation is a collective term for procedures that include the removal of part or all of the external female genitalia for cultural or other non-therapeutic reasons. The practice is medically unnecessary, extremely painful and has serious physical and mental health consequences both at the time and in later life. The procedure is typically performed on girls of 4 -13 years but may be performed on new born babies or on young women. FGM can result in death.

FGM is a criminal offence (Prohibition of Female Circumcision Act 2003). Under the act it is an offence to arrange, procure, aid or abet female genital mutilation. Parents/carers may be liable under this act.

It is also an offence to allow the procedure to be undertaken in another country.

Where agencies become aware that a girl is at risk of FGM a referral should be made to Children's Social Care.

Domestic Violence as Abuse

Domestic Violence is defined by the Home Office as: 'Any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been intimate partners or family members, regardless of gender or sexuality. This includes issues of concern to black and minority ethnic (BME) communities such as so called 'honour killings'.'

The term domestic violence is used to include any form of physical, sexual or emotional abuse between people in a close relationship. It can take a number of forms such as physical assault, sexual abuse, rape, threats and intimidation. It may be accompanied by other kinds of intimidation such as degradation, mental and verbal abuse, humiliation, deprivation, systematic criticism and belittling.

The term domestic violence includes the term domestic abuse.

Forced Marriage

A forced marriage is one that is conducted without the full consent of both parties and where duress is a factor. Forced marriage can amount to sexual and emotional abuse and put children or adults at risk of physical abuse. In circumstances where there are concerns that someone is at imminent risk of a forced marriage urgent referrals should be made to Children's Adults' Social Care.

In the case of a young person at risk of forced marriage it is likely that an initial discussion with the parent, carer or other community member may significantly increase the level of risk to the young person.

Internet Harm

Sexual exploitation (see above) also includes non-contact activities, such as involving children in seeing or receiving or sending sexually suggestive emails or text-messages, or inappropriate behaviour in Internet chat rooms, involving children looking at, or in the production of, pornographic material or watching sexual activities, or encouraging children to behave in sexually inappropriate ways.

Trafficking

Children can be trafficked into, within and out of UK for many reasons and all different types of exploitation. Trafficking is a form of child abuse and needs an appropriate safeguarding response. Any child who is recruited, transported, transferred, harboured or received for exploitative reasons is considered to be a victim of trafficking, whether or not they have been forced or deceived. This is because it is not considered possible for children in this situation to give informed consent. Even when a child understands what has happened, they may still appear to submit willingly to what they believe to be the will of their parents or accompanying adult. It is important these children are protected too.

Children are trafficked for many reasons, including sexual exploitation, domestic servitude, labour, benefit fraud, forced marriage, begging and involvement in criminal activity such as pick pocketing, theft and working on cannabis farms. They are likely to be subjected to other forms of abuse, as a means of coercing and controlling them.

Trafficking is carried out by individual adults and organised crime groups.

Sexual activity with child/young person under the age of 18, or living away from home

Consensual sexual activity involving a young person under 18 years is not abusive, but it may be, and the Derby and Derbyshire Safeguarding Procedure offers guidance where this might be so. A child's or young person's ability to consent can be impaired due to lack of freedom, capacity or choice; for example because of an age/power imbalance; because it is leading into sexual exploitation; because one person is in a position of trust with the other (e.g. a teacher); where one person is vulnerable because of disability or capacity; where the child/young person is in the care of another away from home. No child under the age of 13 or under is able to consent to any sexual activity according to the Sexual Offences Act (2003).

7. WHAT IS ABUSE OF AN ADULT AT RISK?

Abuse is a violation of a person's rights or dignity by someone else. It can be done by anyone including relatives and family members, professional staff, paid care workers, volunteers, other users of services, neighbours, friends and associates or strangers. There are many kinds of abuse including:

Physical

This could be hitting, slapping, pushing and kicking.

Sexual

This includes rape and sexual assault or sexual acts to which the adult at risk:
has not consented
could not consent
was pressured into consenting

Emotional/Psychological

This could be:
emotional abuse
threats of harm or abandonment
depriving the person of contact
humiliating
blaming
controlling
intimidating
coercing
harassing
verbally abusing
isolating
withdrawing a person from services or support networks

Financial or material

This includes:
theft
fraud
exploitation

pressure in connection with wills, property, inheritance or financial transactions
misusing or misappropriating property, possessions or benefits

Neglect or acts of omission

This includes:

ignoring medical or physical care needs

failing to provide access to appropriate health care, social care or education services

misusing medication

inadequate nutrition or heating

Discriminatory

This includes:

racist behaviour

sexist behaviour

harassment based on a person's ethnicity, race, culture, sexual orientation, age or disability

other forms of harassment, slurs or similar treatment